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# HEALTH STATISTICS

FROM THE U. S. NATIONAL HEALTH SURVEY

## Types of Injuries incidence and associated disability

United States  
July 1958 - June 1959

Statistics on the number of injuries and days of disability due to injuries by type of injury, class of accident, sex, and age. Based on data collected in household interviews during the period July 1958-June 1959.

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The U. S. National Health Survey is a continuing program under which the Public Health Service makes studies to determine the extent of illness and disability in the population of the United States and to gather related information. It is authorized by Public Law 652, 84th Congress.

## CO-OPERATION OF THE BUREAU OF THE CENSUS

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies. For the Health Interview Survey the Bureau of the Census designed and selected the sample, conducted the household interviews, and processed the data in accordance with specifications established by the Public Health Service.

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# EXPLANATION OF SYMBOLS

Data not available (three dashes)-----	---
Category not applicable (three dots)-----	...
Quantity is zero (1 dash)-----	-
Magnitude greater than zero but less than one-half of the unit used-----	0 or 0,0
Magnitude of the sampling error precludes showing separate estimates-----	(*)

# TYPES OF INJURIES

## INCIDENCE AND ASSOCIATED DISABILITY

This report from the U.S. National Health Survey deals with the types of injuries sustained in accidents and the disability resulting from these injuries. Since a person may sustain more than one type of injury in a single accident, the number of injuries shown exceeds the number of persons who were injured during the period covered by this report. Further, since quite frequently more than one person is injured in a single accident, the estimate of the number of injuries is much higher than the actual number of separate accidents resulting in bodily injury that occurred during the corresponding period. The National Health Survey does not collect data on the frequency of accidents. However, the survey does collect data on persons who are injured in accidents, and a report entitled *Persons Injured, By Class of Accident*<sup>1</sup> has been published on this subject.

### SOURCE OF DATA

The data presented in the present report are derived from household interviews obtained in a continuing probability sample of the civilian non-institutional population of the United States during

the period July 1958 through June 1959. Interviews were conducted in approximately 37,000 households comprising 120,000 persons.

The questionnaire that was used by the U.S. National Health Survey during the year July 1958-June 1959 is reproduced in Appendix III. The data in this report on the number of injuries and the days of disability that resulted from injuries are based on responses to questions 11-17 and tables I and A of the questionnaire.

Questions 11-17 are termed "illness-recall" questions and are designed to elicit information as to the presence or absence of illnesses or injuries in the household. They serve as an introduction to further questions aimed at describing the circumstances of the illness or injury. For each illness or injury condition that is reported in response to the "illness-recall" questions an entry is made in table I of the questionnaire. When the responses thus obtained indicate that a person has sustained an injury, the interviewer asks the additional questions that appear in questionnaire table A.

The survey includes data only on persons living at the time of the household interview. Thus the injury experience of persons who died during the two-week period prior to the household interview is excluded from the data. It has been previously noted that the data in this report do not include the injury experience of persons who were institutionalized or members of the Armed Forces at the time of the household interview. However,

<sup>1</sup>U.S. National Health Survey. *Persons Injured By Class of Accident, United States, July 1957-June 1958*. Health Statistics, Series S-8. Public Health Service Publication No. 584-SM. Public Health Service, Washington, D.C., Feb. 1959.

This report was prepared by Augustine Gentile, of the U.S. National Health Survey staff.

for former inmates of institutions or former members of the Armed Forces, current disability resulting from an injury that occurred while a person was institutionalized or in the Armed Forces is included in the estimates of the days of disability.

Additional information about the manner of making these estimates and a description of the statistical design of the survey are given in Appendix 1.

## GENERAL QUALIFICATIONS OF THE DATA

Although the survey questionnaire is designed to obtain reports of all injuries, whether major or minor, it should be emphasized that only injuries that were medically attended or resulted in one or more days of disability were tabulated for this report.

Annual estimates of the number of injuries are based on a count of the number of injuries sustained during the two-week period prior to the week of each interview. Likewise, the annual estimate of days of disability due to injuries are based on the number of disability days reported for the two-week period prior to the interview week, even though, in many cases, the injury that caused the disability was incurred prior to the reference period.

The data in all of the cells in the tables that follow are subject to errors of sampling, i.e., errors resulting from the use of a sample of households instead of all the households in the United States. In cells where the estimated number or the numerator or denominator of a rate or percent is small, the relative error due to sampling is high. Therefore, such estimates of numbers, rates, or percents must be interpreted with due consideration to the high relative error involved. Special attention is called to the section entitled *Reliability of Estimates* in Appendix 1.

Explanations and definitions of terms and concepts used in this report are presented in Appendix

II. Most of the terms have specialized technical meanings for the purposes of this survey, and familiarity with these definitions is necessary for the interpretation of the findings presented. Other general qualifications regarding the data are given in Appendix 1.

## DISTRIBUTION OF INJURIES BY TYPE

Tables 1-5 of this report contain estimates of the number of injuries that involved medical attendance, activity restriction, or both, according to type of injury. In general, the accuracy of diagnostic information obtained from household respondents for certain kinds of illnesses may be questionable. This is especially true for conditions which have not been medically attended and consequently have not been diagnosed by a physician. However, it is believed that for the broad types of injuries shown in this report, most respondents can and do report with reasonable accuracy.

The diagnostic coding rules used for the survey are such that injuries that occurred within three months of the interview week are coded according to the nature of the original injury in terms of the categories shown in the International Classification of Diseases, 1955 Revision (also referred to as the 7th Revision of the International Lists of Diseases and Causes of Death).

Since the estimates of the number of injuries shown in this report are based on injuries occurring during the two-week period prior to the interview week, all tables containing such estimates show broad types of injury groups made up by regrouping these categories. A list of the International Classification of Diseases<sup>1</sup> category numbers contained in each group is given in Appendix

Tables 1-3 contain estimates of the number of injuries that were attended by a physician. Involved activity restriction, referred to as tot



injuries. Tables 4 and 5 are limited to estimates of the number of injuries that resulted in activity restriction, whether or not medically attended. A comparative distribution of total injuries and activity-restricting injuries, by type of injury, is shown in table A. It will be seen that lacerations

Table A. Percent distribution of total injuries and activity-restricting injuries by type of injury: United States, July 1958-June 1959

Type of injury	Total injuries	Activity-restricting injuries
All injuries---	100.0	100.0
Fractures and dislocations--	9.9	11.5
Sprains and strains-----	18.6	24.6
Head injuries-----	4.7	4.2
Lacerations and abrasions-----	29.9	23.0
Contusions-----	16.9	18.7
Burns-----	3.7	2.6
Poisonings-----	1.6	2.0
Effects of weather and exposure--	1.8	3.1
Complications of therapeutic procedures----	4.3	4.8
All other-----	8.5	5.4

and abrasions are by far the most common injuries reported, accounting for 30 percent of the total. However, when only activity-restricting injuries are considered, sprains and strains are the leading type of injury followed very closely by lacerations and abrasions. Together these two groups accounted for about 48 percent of all activity-restricting injuries.

## Total Injuries

Data on the frequency of total injuries by type, sex, age, and class of accident are presented in tables 1-3 and in figures 1 and 2. Table 1 shows that the total number of injuries per 1,000 males per year is about 50 percent higher than the corresponding rate for females. Rates for males were also higher for each type of injury except "complications of therapeutic procedures" and "effects of weather and exposure."



Figure 1. Number of injuries per 1,000 persons per year by type of injury and sex.

Among males the most common injuries were "lacerations and abrasions," which accounted for about one third of all injuries. The rate for "lacerations and abrasions" was also highest for females (about 59 per 1,000 females per year), but it was considerably lower than the rate for males (about 118 per 1,000 males per year) for this condition group.

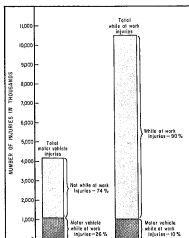


Figure 2. Number of injuries incurred in total motor vehicle, total while at work, and motor vehicle "while at work" accidents.

In table 2, the number and rate for each type of injury is shown according to age groups. The estimates for most of the cells are small and subject to such high relative sampling errors that no valid inferences should be drawn from the distribution patterns shown. The estimates are presented in the detail shown in order that users of the data may make further consolidations by the age or diagnostic categories that are most appropriate for their needs.

Types of injuries are distributed according to class of accident in table 3. As indicated in the table the classes of accident used are "motor vehicle-not while at work," "motor vehicle-while at work," "while at work," "home," and "other and unknown." Since some injuries could be assigned to more than one class, the following procedure was used to classify injuries to a single accident class.

If a motor vehicle was involved, the injuries were counted in the "motor vehicle" class, regardless of where the accident occurred. This class was then divided on the basis of whether or not the injured person was at work when the accident occurred. All injuries sustained at work in which a motor vehicle was not involved were classified as "while at work" injuries. Injuries that resulted from home accidents which could not be classified to one of the previous categories were counted as "home" injuries. The "other" group includes injuries which could not be classified in the first four groups. It includes primarily, injuries sustained in public places such as schools, offices, and streets and highways. This category also includes "unknown" cases for which not enough information was reported to assign the injury to a specific class of accident. Appendix II contains a more complete definition of these terms.

It may be interesting to note, from the data in table 3, that 26 percent of the total injuries (4,180,000) in which a motor vehicle was involved occurred while the injured person was at work. Of the total "while at work" injuries (10,610,000) a motor vehicle was involved about 10 percent of the time (fig. 2).

A percent distribution for each type of injury according to class of accident is also shown in table 3. While home accidents accounted for about 45 percent of all injuries, they accounted for a considerably higher percent of some specific types of injuries. About 53 percent of fractures and dislocations, 64 percent of head injuries, 54 percent of lacerations and abrasions, and 89 percent of poisonings were incurred in the home. In this report, "complications of therapeutic procedures" are listed under "other and unknown" accident class. This classification was necessary because for this type of injury the information about the place where the original therapy was received was not obtained.

### Activity-Restricting Injuries

The frequency of activity-restricting injuries, defined as those injuries that caused a person to cut down on his usual activities for at least a day, is shown in tables 4 and 5. The 28,358,000 activity-restricting injuries represent about 57 percent of the 50,098,000 total injuries reported (table 1).

Among males "sprains and strains" and "lacerations and abrasions" were the most common types of injuries, accounting for slightly over 50 percent of all the injuries. Among females "sprains and strains," "lacerations and abrasions," and "contusions" were the types of injuries that occurred most frequently. The frequencies for these conditions were at approximately the same level and together they accounted for about 65 percent of all injuries to females.

Activity-restricting injuries are distributed according to class of accident in table 5. The distribution patterns are in general similar to those for total injuries shown in table 3.

### DISABILITY DAYS DUE TO INJURIES

Tables 6-14 contain estimates of the number of different types of disability days due to injuries and their sequelae. The types of disability days used in this report are restricted-activity, bed-disability, and work-loss days. A day of restricted activity is defined as a day when a person has to cut down on the kind or amount of his normal activities. A day spent in bed or a day lost from work constitutes restricting one's usual activities and therefore such days are included in the counts of restricted-activity days. Hence, estimates of the number of restricted-activity days are the most inclusive measure of disability days presented in this report.

It has been previously mentioned that injuries sustained within 3 months of the interview week are coded according to the nature of the original injury in terms of the International Classification of Diseases, 1955 Revision. Injuries that occurred prior to the 3-month period are reclassified according to the sequelae (present effect) rather than to the original injury using a supplemental coding system referred to as the "X-Code" (see Appendix II).

Since the annual estimates of disability days are based on the disability reported for the 2-week period prior to interview, regardless of when the original injury occurred, tables showing such estimates contain categories in terms of both the original injury and the present effect, or sequelae, of an injury more than 3 months old. The following illustrations may serve to clarify this procedure.

Current disability days due to a fracture sustained within 3 months of the interview period are included in the group, "fractures and dislocations." However, current disability days due to a fracture that occurred prior to the 3-month period are included in one of the "X-Code" categories, for example, "orthopedic impairment—upper extremities."

The sums of the days, for all injuries, are shown in tables 6-14. These sums are greater than the actual number of person-days of disability because a single disability day may be associated with more than one injury condition. That is, if a person with multiple injury conditions experiences a day of disability, a day of disability is recorded for each of the injury conditions that the person reported as having contributed to that particular day of disability. It is roughly estimated that the sums shown for restricted-activity days, bed-days, and work-loss days exceed by about 10 percent the number of person-days in each of these disability categories.

# Restricted-Activity Days

According to the data presented in table 6, "fractures and dislocations" contributed a larger number of restricted-activity days than any other type of injury classification group for both males and females. The rates (number of days of restricted activity per 100 persons per year) for each condition group are, with only a few exceptions, generally the same for both males and females. The notable exceptions are the higher rates for "lacerations and abrasions" and "residual of intervertebral disc injury" among males; and the higher rates for "contusions" and "orthopedic impairment—multiple and other sites" among females. A percent distribution by type of injury and sex is shown in table B.

Tables 7 and 8 show for each condition group the number and percent distribution of restricted-activity days for each type of injury according to class of accident. Table C shows the percent distribution of restricted-activity days for each class of accident according to type of injury. It indicates that "fractures and dislocations" were responsible for the greatest number of restricted-activity days in each accident category. It may be of particular interest to note that about 33 percent of the restricted-activity days that resulted from injuries incurred "while at work" were due to the somewhat related categories of "apprains and strains" (this group includes a large number of sprains and strains of the back), "orthopedic impairments—back and spine," and "residual of intervertebral disc injury." A further point worth noting is that the restricted-activity days that resulted from "motor vehicle—while at work" injuries represent about 20 percent of the total due to injuries sustained while at work.

Table B. Percent distribution of restricted-activity days according to type of injury and sex: United States, July 1958-June 1959

Type of injury	Sex	
	Male	Female
All injuries---	100.0	100.0
Fractures and dislocations--	21.1	19.5
Sprains and strains-----	12.5	14.2
Head injuries-----	2.7	1.6
Lacerations and abrasions-----	11.1	8.4
Contusions-----	6.8	12.0
Burns-----	0.6	1.1
Poisonings-----	0.3	0.5
Effects of weather and exposure--	1.0	0.9
Complications of therapeutic procedures---	1.9	1.3
All other-----	3.3	3.8
Visual impairment-	1.7	0.0
Orthopedic impairment		
Back and spine--	6.4	9.0
Upper extremities-----	1.9	1.8
Lower extremities-----	4.7	4.3
Multiple and other sites---	2.9	6.4
Residual of intervertebral disc injury---	5.9	2.4
All other chronic residuals of trauma-----	15.0	12.9

Table C. Percent distribution of restricted-activity days according to type of injury and class of accident: United States, July 1958-June 1959

Type of injury	Class of accident					
	All classes	Motor vehicle		While at work	Home	Other and unknown
		Not while at work	While at work			
All injuries-----	100.0	100.0	100.0	100.0	100.0	100.0
Fractures and dislocations-----	20.3	14.2	18.4	16.2	30.1	16.5
Sprains and strains-----	13.3	12.7	4.6	13.3	13.6	16.0
Head injuries-----	2.1	3.5	2.5	1.5	2.7	0.5
Lacerations and abrasions-----	9.8	11.0	6.2	6.7	12.7	8.3
Contusions-----	9.4	12.0	7.8	7.5	9.7	8.5
Burns-----	0.8	-	0.6	0.6	2.1	0.2
Poisonings-----	0.4	-	-	0.0	1.1	0.1
Effects of weather and exposure-----	0.9	-	-	0.1	-	4.6
Complications of therapeutic procedures-----	1.6	-	-	-	-	8.2
All other-----	3.6	8.1	1.3	3.5	1.5	2.8
Visual impairment-----	0.9	0.3	-	3.0	0.6	-
Orthopedic impairment						
Back and spine-----	7.7	8.3	10.4	11.5	3.7	8.3
Upper extremities-----	1.8	2.1	7.2	1.0	2.3	0.4
Lower extremities-----	4.5	2.6	9.6	4.6	4.4	5.4
Multiple and other sites-----	4.6	4.6	0.1	4.7	6.4	3.0
Residual of intervertebral disc injury-----	4.2	3.6	11.9	8.0	1.0	3.5
All other chronic residuals of trauma-----	14.0	17.0	19.3	17.9	8.3	13.8

#### Bed-Days

Bed-days by type of injury, sex, and class of accident are presented in tables 9-11. A day of bed disability (bed-day) is defined as a day when a person had to spend all or most of the day (more than half of the daylight hours) in bed because of an illness or an injury. A day spent in the hospital

as an inpatient is considered to be a bed-day even though the person was not actually in bed for more than half of the daylight hours.

The distribution of bed-days by sex and class of accident follows in general the pattern of restricted-activity days. Therefore, the points noted in the discussion of restricted-activity days are generally applicable to the data on bed-days.

# Work-loss Days

Tables 12-14 show estimates of the number, rate, and percent distribution of work-loss days for each injury group according to sex and class of accident. For this report work-loss days were counted only for persons who described themselves as working for more than half of the 12 months preceding the interview. Thus the work-loss experience of temporary, part-time or occasional workers, and newer members of the working population has been omitted. The data have been further restricted to the experience of persons 17 years of age and over who are classified as "usually working."

The data in table 12 indicate that for most of the type of injury groups that result in a substantial number of work-loss days the rates for "usually working" males were much higher than the rate for "usually working" females. This is probably due to the fact that more men than women are engaged in occupations which require physical strength and well-being in order to carry out their duties. For these persons a relatively minor injury may result in work loss. For this reason and because there are many other non-physiological factors, which determine whether or not work loss results from injury, the sex differences in work-loss rates cannot be construed

Table D. Percent distribution of restricted-activity days, bed-days, and work-loss days according to type of injury: United States, July 1958-June 1959

Type of injury	Restricted-activity days	Bed-days	Work-loss days
All injuries-----	100.0	100.0	100.0
Fractures and dislocations-----	20.3	27.1	25.0
Sprains and strains-----	13.3	12.8	18.6
Head injuries-----	2.1	3.2	2.4
Lacerations and abrasions-----	9.8	9.3	9.0
Contusions-----	9.4	10.8	10.7
Burns-----	0.8	1.1	0.8
Poisonings-----	0.4	0.5	-
Effects of weather and exposure-----	0.9	0.6	1.5
Complications of therapeutic procedures-----	1.6	2.3	1.2
All other-----	3.6	2.6	5.6
Visual impairment-----	0.9	0.8	-
Orthopedic impairment			
Back and spine-----	7.7	5.6	3.3
Upper extremities-----	1.8	1.4	2.8
Lower extremities-----	4.5	2.9	2.3
Multiple and other sites-----	4.6	2.5	1.9
Residual of intervertebral disc injury-----	4.2	3.8	4.2
All other chronic residuals of trauma-----	14.0	12.9	10.6

as a measure of relative severity of the injuries sustained by men and women.

As was the case for restricted-activity days and bed-days, "fractures and dislocations" were responsible for the largest number of work-loss days. In fact, the distribution of injuries according to the types of disability days included here, in general, is similar. Table D shows this comparative distribution.

Data on work-loss days by class of accident are presented in tables 13 and 14. As might be

expected for the "usually working" population, the main cause of the work-loss days is injury incurred while at work. However, it should be noted that only about half of all work-loss days for the working population are due to on-the-job accidents.

The distribution of work-loss days for each type of injury according to class of accident again indicates that "sprains and strains" and back injuries were the major types of injuries incurred in on-the-job accidents.

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Table 1. Number of injuries and number of injuries per 1,000 persons per year by type of injury and sex: United States, July 1958-June 1959

[Data are based on household interviews during July 1958-June 1959. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix 1.]

Type of injury <sup>1</sup>	Number of injuries in thousands			Number per 1,000 persons per year		
	Both sexes	Male	Female	Both sexes	Male	Female
All injuries <sup>2</sup> -----	50,098	29,235	20,862	292.5	350.7	237.2
Fractures and dislocations-----	4,973	2,703	2,270	29.0	32.4	25.8
Sprains and strains-----	9,307	5,285	4,023	54.3	63.4	45.7
Head injuries-----	2,358	1,718	640	13.8	20.6	7.3
Lacerations and abrasions-----	14,974	9,804	5,170	87.4	117.6	58.8
Contusions-----	8,484	4,301	4,182	49.5	51.6	47.6
Burns-----	1,878	1,223	655	11.0	14.7	7.4
Poisonings-----	822	464	359	4.8	5.6	4.1
Effects of weather and exposure---	897	391	506	5.2	4.7	5.8
Complications of therapeutic procedures-----	2,135	693	1,442	12.5	8.3	16.4
All other-----	4,270	2,654	1,616	24.9	31.8	18.4

<sup>1</sup>For inclusions in each category, see definitions in Appendix 11.

<sup>2</sup>Includes only injuries involving one or more days of restricted activity or medical attendance.

Table 2. Number of injuries and number of injuries per 1,000 persons per year by type of injury and age: United States, July 1958-June 1959

[Data are based on household interviews during July 1958-June 1959. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix ii.]

Type of injury <sup>1</sup>	Age						
	Total	0-4	5-14	15-24	25-44	45-64	65+
Number of injuries in thousands							
All injuries <sup>2</sup> -----	50,098	5,887	11,530	7,177	13,381	8,631	3,472
Fractures-----	4,973	286	873	849	1,423	828	714
Sprains and strains-----	9,307	150	1,289	1,822	3,032	2,355	659
Head injuries-----	2,358	479	932	326	249	193	179
Lacerations and abrasions-----	14,974	2,754	4,583	1,900	3,552	1,735	430
Contusions-----	8,484	636	1,517	1,341	2,451	1,376	963
Burns-----	1,878	345	258	110	401	628	135
Poisonings-----	822	302	188	81	99	28	124
Effects of weather and exposure---	897	-	505	90	224	78	-
Complications of therapeutic procedures-----	2,135	473	856	63	294	390	59
All other-----	4,270	462	547	594	1,657	820	189
Number per 1,000 persons per year							
All injuries <sup>2</sup> -----	292.5	299.7	336.5	326.9	294.1	246.2	234.3
Fractures and dislocations-----	29.0	14.6	25.4	38.7	31.3	23.6	48.2
Sprains and strains-----	54.3	7.6	37.6	83.0	66.6	67.2	44.5
Head injuries-----	13.8	24.4	27.2	14.8	5.5	5.5	12.1
Lacerations and abrasions-----	87.4	140.2	133.5	86.5	78.1	49.5	30.4
Contusions-----	49.5	32.4	44.2	61.1	53.9	45.0	65.0
Burns-----	11.0	17.6	7.5	5.0	8.8	17.9	9.1
Poisonings-----	4.8	15.4	5.5	3.7	2.2	0.8	8.4
Effects of weather and exposure---	5.2	-	14.7	4.1	4.9	2.2	-
Complications of therapeutic procedures-----	12.5	24.1	24.9	2.9	6.5	11.1	4.0
All other-----	24.9	23.5	15.9	27.1	36.4	23.4	12.8

<sup>1</sup>For inclusions in each category, see definitions in Appendix ii.

<sup>2</sup>Includes only injuries involving one or more days of restricted activity or medical attendance.

Table 3. Number of injuries and percent distribution by type of injury and class of accident:  
United States, July 1958-June 1959

[Data are based on household interviews during July 1958-June 1959. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix 1.]

Type of injury <sup>1</sup>	Class of accident					
	All classes	Motor vehicle		While at work	Home	Other and unknown
		Not while at work	While at work			
Number of injuries in thousands						
All injuries <sup>2</sup> -----	50,098	3,077	1,103	9,507	22,459	13,951
Fractures and dislocations-----	4,973	229	72	748	2,617	1,307
Sprains and strains-----	9,307	404	319	1,849	3,392	3,344
Head injuries-----	2,358	254	36	230	1,520	318
Lacerations and abrasions-----	14,974	696	271	3,028	8,126	2,853
Contusions-----	8,484	1,150	261	1,556	3,875	1,642
Burns-----	1,878	-	89	580	929	279
Poisonings-----	822	-	-	42	729	51
Effects of weather and exposure---	897	-	-	22	-	874
Complications of therapeutic procedures-----	2,135	-	-	-	-	2,135
All other-----	4,270	344	56	1,453	1,271	1,146
Percent distribution						
All injuries <sup>2</sup> -----	100.0	6.1	2.2	19.0	44.8	27.8
Fractures and dislocations-----	100.0	4.6	1.4	15.0	52.6	26.3
Sprains and strains-----	100.0	4.3	3.4	19.9	36.4	35.9
Head injuries-----	100.0	10.8	1.5	9.8	64.5	13.5
Lacerations and abrasions-----	100.0	4.6	1.8	20.2	54.3	19.1
Contusions-----	100.0	13.6	3.1	18.3	45.7	19.4
Burns-----	100.0	-	4.7	30.9	49.5	14.9
Poisonings-----	100.0	-	-	5.1	88.7	6.2
Effects of weather and exposure---	100.0	-	-	2.5	-	97.4
Complications of therapeutic procedures-----	100.0	-	-	-	-	100.0
All other-----	100.0	8.1	1.3	34.0	29.8	26.8

<sup>1</sup>For inclusions in each category, see definitions in Appendix 1.

<sup>2</sup>Includes only injuries involving one or more days of restricted activity or medical attendance.

Table 4. Number of activity-restricting injuries and number per 1,000 persons per year by type of injury and sex: United States, July 1958-June 1959<sup>1</sup>

[Data are based on household interviews during July 1958-June 1959. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix 12.]

Type of injury <sup>1</sup>	Number of activity-restricting injuries in thousands			Number per 1,000 persons per year		
	Both sexes	Male	Female	Both sexes	Male	Female
All injuries <sup>2</sup> -----	28,358	15,124	13,234	165.5	181.4	150.5
Fractures and dislocations-----	3,274	1,562	1,712	19.1	18.7	19.5
Sprains and strains-----	6,974	3,871	3,103	40.7	46.4	35.3
Head injuries-----	1,195	834	360	7.0	10.0	4.1
Lacerations and abrasions-----	6,520	3,971	2,550	38.1	47.6	29.0
Contusions-----	5,313	2,340	2,953	31.0	28.3	33.6
Burns-----	744	559	184	4.3	6.7	2.1
Poisonings-----	573	214	359	3.3	2.6	4.1
Effects of weather and exposure---	874	369	506	5.1	4.4	5.8
Complications of therapeutic procedures-----	1,370	524	846	8.0	6.3	9.6
All other-----	1,522	859	662	8.9	10.3	7.5

<sup>1</sup>For inclusions in each category, see definitions in Appendix 11.

<sup>2</sup>Includes only injuries involving one or more days of restricted activity or medical attendance.

Table 5. Number of activity-restricting injuries and percent distribution by type of injury and class of accident: United States, July 1958-June 1959

[Data are based on household interviews during July 1958-June 1959. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 3. Definitions of terms are given in Appendix 1.]

Type of injury <sup>1</sup>	Class of accident					
	All classes	Motor vehicle		While at work	Home	Other and unknown
		Not while at work	While at work			
	Number of injuries in thousands					
All injuries <sup>2</sup> -----	28,358	2,127	418	4,323	12,830	8,460
Fractures-----	3,274	128	36	443	1,969	695
Sprains and strains-----	6,974	300	183	1,353	2,693	2,444
Head injuries-----	1,195	234	36	167	580	157
Lacerations and abrasions-----	6,320	508	-	1,014	3,721	1,278
Contusions-----	5,313	795	125	676	2,634	1,083
Burns-----	744	-	22	278	354	90
Poisonings-----	573	-	-	42	506	25
Effects of weather and exposure---	874	-	-	-	-	874
Complications of therapeutic procedures-----	1,370	-	-	-	-	1,370
All other-----	1,522	142	16	546	372	444
	Percent distribution					
All injuries <sup>2</sup> -----	100.0	7.5	1.5	15.9	45.2	29.8
Fractures and dislocations-----	100.0	3.9	1.1	13.6	60.1	21.2
Sprains and strains-----	100.0	4.3	2.6	19.4	38.6	33.0
Head injuries-----	100.0	21.3	3.0	16.0	48.5	13.1
Lacerations and abrasions-----	100.0	7.8	-	15.6	57.1	19.6
Contusions-----	100.0	15.0	2.4	12.7	49.6	20.4
Burns-----	100.0	-	3.0	37.4	47.6	12.1
Poisonings-----	100.0	-	-	7.3	88.3	4.4
Effects of weather and exposure---	100.0	-	-	-	-	100.0
Complications of therapeutic procedures-----	100.0	-	-	-	-	100.0
All other-----	100.0	9.3	1.1	35.9	24.4	29.2

<sup>1</sup>For inclusions in each category, see definitions in Appendix 11.

<sup>2</sup>Includes only injuries involving one or more days of restricted activity or medical attendance.

Table 6. Number of restricted-activity days due to injuries and number per 100 persons per year by type of injury and sex: United States, July 1958-June 1959

[Data are based on household interviews during July 1958-June 1959. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix 11.]

Type of injury <sup>2</sup>	Number of restricted-activity days in thousands			Number per 100 persons per year		
	Both sexes	Male	Female	Both sexes	Male	Female
All injuries <sup>2</sup> -----	459,981	233,568	226,413	268.5	280.2	257.5
Fractures and dislocations-----	93,466	49,388	44,077	54.6	59.2	50.1
Sprains and strains-----	61,383	29,290	32,093	35.8	35.1	36.5
Head injuries-----	9,844	6,286	3,559	5.7	7.5	4.0
Lacerations and abrasions-----	45,070	23,966	19,104	26.3	31.1	21.7
Contusions-----	43,057	15,916	27,141	25.1	19.1	30.9
Burns-----	3,907	1,435	2,473	2.3	1.7	2.8
Poisonings-----	1,723	654	1,069	1.0	0.8	1.2
Effects of weather and exposure---	4,291	2,262	2,028	2.5	2.7	2.3
Complications of therapeutic procedures-----	7,471	4,441	3,029	4.4	5.3	3.4
All other-----	16,413	7,725	8,690	9.6	9.3	9.9
Visual impairment-----	4,120	4,008	112	2.4	4.8	0.1
Orthopedic impairment						
Back and spine-----	35,209	14,891	20,317	20.6	17.9	23.1
Upper extremities-----	8,504	4,499	4,004	5.0	5.4	4.6
Lower extremities-----	20,821	11,070	9,751	12.2	13.3	11.1
Multiple and other sites-----	21,295	6,814	14,480	12.4	8.2	16.3
Residual of intervertebral disc injury-----	19,209	13,853	5,356	11.2	16.6	6.1
All other chronic residuals of trauma-----	64,197	35,069	29,129	37.5	42.1	33.1

<sup>1</sup>For inclusions in each category, see definitions in Appendix 11.

<sup>2</sup>The sum of the days for all injuries is greater than the total number of person-days of disability because a single disability-day may be associated with more than one injury.

Table 7. Number of restricted-activity days due to injuries by type of injury and class of accident: United States, July 1958-June 1959

[Data are based on household interviews during July 1958-June 1959. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix A. Definitions of terms are given in Appendix B.]

Type of injury <sup>1</sup>	Class of accident					
	All classes	Motor vehicle		While at work	Home	Other and unknown
		Not while at work	While at work			
	Number of restricted-activity days in thousands					
All injuries <sup>2</sup> -----	459,981	98,449	24,779	100,635	144,568	91,569
Fractures and dislocations-----	93,466	13,961	4,568	16,322	43,337	15,077
Sprains and strains-----	61,383	12,532	1,140	13,371	19,682	14,658
Head injuries-----	9,844	3,421	627	1,474	3,837	486
Lacerations and abrasions-----	45,070	10,877	1,527	6,736	18,293	7,637
Contusions-----	43,057	11,809	1,927	7,572	13,961	7,789
Burns-----	3,907	-	151	557	3,037	163
Poisonings-----	1,723	-	-	42	1,631	51
Effects of weather and exposure--	4,791	-	-	68	-	4,223
Complications of therapeutic procedures-----	7,471	-	-	-	-	7,471
All other-----	16,415	7,970	328	3,489	2,099	2,529
Visual impairment-----	4,120	288	-	2,983	848	-
Orthopedic impairment						
Back and spine-----	35,209	8,141	2,589	11,375	5,324	7,580
Upper extremities-----	8,504	2,093	1,772	1,002	3,275	362
Lower extremities-----	20,821	2,378	2,387	4,613	6,340	4,905
Multiple and other sites-----	21,295	4,304	36	4,717	9,293	2,744
Residual of intervertebral disc injury-----	19,209	3,587	2,945	8,055	1,381	3,242
All other chronic residuals of trauma-----	64,197	16,689	4,785	18,061	12,010	12,653

<sup>1</sup>For inclusions in each category, see definitions in Appendix B.

<sup>2</sup>The sum of the days for all injuries is greater than the total number of person-days of disability because a single disability-day may be associated with more than one injury.

Table 8. Percent distribution of restricted-activity days due to injuries by type of injury according to class of accident: United States, July 1958-June 1959

[Data are based on household interviews during July 1958-June 1959. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix 11.]

Type of injury <sup>1</sup>	Class of accident					
	All classes	Motor vehicle		While at work	Home	Other and unknown
		Not while at work	While at work			
All injuries <sup>2</sup> -----	100.0	21.4	5.4	21.9	31.4	19.9
Fractures and dislocations-----	100.0	14.9	4.9	17.5	46.6	16.1
Sprains and strains-----	100.0	20.4	1.9	21.8	32.1	23.9
Head injuries-----	100.0	34.8	6.4	15.0	39.0	4.9
Lacerations and abrasions-----	100.0	24.1	3.4	14.9	40.6	16.9
Contusions-----	100.0	27.4	4.5	17.6	32.4	18.1
Burns-----	100.0	-	3.9	14.3	77.7	4.2
Poisonings-----	100.0	-	-	2.4	94.7	3.0
Effects of weather and exposure---	100.0	-	-	1.6	-	98.4
Complications of therapeutic procedures-----	100.0	-	-	-	-	100.0
All other-----	100.0	48.6	2.0	21.3	12.8	15.4
Visual impairment-----	100.0	7.0	-	72.4	20.6	-
Orthopedic impairment						
Back and spine-----	100.0	23.1	7.4	32.9	15.1	21.5
Upper extremities-----	100.0	24.6	20.8	11.8	38.5	4.3
Lower extremities-----	100.0	12.4	11.5	22.2	30.5	21.6
Multiple and other sites-----	100.0	21.2	0.2	22.2	43.6	12.9
Residual of intervertebral disc injury-----	100.0	18.7	15.3	41.9	7.2	16.9
All other chronic residuals of trauma-----	100.0	26.0	7.5	28.1	18.7	19.7

<sup>1</sup>For inclusions in each category, see definitions in Appendix 11.

<sup>2</sup>The sum of the days for all injuries is greater than the total number of person-days of disability because a single disability-day may be associated with more than one injury.



Table 9. Number of bed-days due to injuries and number per 100 persons per year by type of injury and sex: United States, July 1958-June 1959

[Data are based on household interviews during July 1958-June 1959. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Type of injury <sup>1</sup>	Number of bed-days in thousands			Number per 100 persons per year		
	Both sexes	Male	Female	Both sexes	Male	Female
All injuries <sup>2</sup> -----	127,437	67,950	59,487	74.4	81.5	67.6
Fractures and dislocations-----	34,480	17,959	16,521	20.1	21.5	18.8
Sprains and strains-----	16,255	9,039	7,215	9.5	10.8	8.2
Head injuries-----	4,023	2,955	1,068	2.3	3.5	1.2
Lacerations and abrasions-----	11,803	7,578	4,225	6.9	9.1	4.8
Contusions-----	13,742	4,117	9,625	8.0	4.9	10.9
Burns-----	1,379	346	1,033	0.8	0.4	1.2
Poisonings-----	697	248	449	0.4	0.3	0.5
Effects of weather and exposure---	766	588	179	0.4	0.7	0.2
Complications of therapeutic procedures-----	2,980	1,596	1,384	1.7	1.9	1.6
All other-----	3,325	1,838	1,487	1.9	2.2	1.7
Visual impairment-----	998	955	43	0.6	1.1	0.0
Orthopedic impairment						
Back and spine-----	7,087	3,121	3,966	4.1	3.7	4.5
Upper extremities-----	1,746	1,732	15	1.0	2.1	0.0
Lower extremities-----	3,732	2,231	1,502	2.2	2.7	1.7
Multiple and other sites-----	3,173	510	2,663	1.9	0.6	3.0
Residual of intervertebral disc injury-----	4,818	3,651	1,167	2.8	4.4	1.3
All other chronic residuals of trauma-----	16,433	9,487	6,946	9.6	11.4	7.9

<sup>1</sup>For inclusions in each category, see definitions in Appendix II.

<sup>2</sup>The sum of the days for all injuries is greater than the total number of person-days of disability because a single disability-day may be associated with more than one injury.

Table 10. Number of bed-days due to injuries by type of injury and class of accident: United States, July 1958-June 1959

[Data are based on household interviews during July 1958-June 1959. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix 11.]

Type of injury <sup>1</sup>	Class of accident					
	All classes	Motor vehicle		While at work	Home	Other and unknown
		Not while at work	While at work			
	Number of bed-days in thousands					
All injuries <sup>2</sup> -----	127,437	30,562	7,186	25,909	40,892	22,881
Fractures and dislocations-----	34,480	6,723	1,962	5,565	17,900	2,331
Sprains and strains-----	16,255	1,489	364	6,065	4,984	3,351
Head injuries-----	4,023	1,555	432	846	838	351
Lacerations and abrasions-----	11,803	4,011	764	1,142	3,483	2,401
Contusions-----	13,742	4,047	75	2,397	3,911	3,311
Burns-----	1,379	-	-	-	1,344	31
Poisonings-----	697	-	-	27	670	-
Effects of weather and exposure---	766	-	-	-	-	766
Complications of therapeutic procedures-----	2,980	-	-	-	-	2,980
All other-----	3,325	1,997	92	453	464	318
Visual impairment-----	998	-	-	955	43	-
Orthopedic impairment						
Back and spine-----	7,087	2,030	348	1,838	1,086	1,781
Upper extremities-----	1,746	772	845	129	-	-
Lower extremities-----	3,732	335	853	684	1,267	592
Multiple and other sites-----	3,173	314	36	311	1,603	905
Residual of intervertebral disc injury-----	4,818	1,117	318	2,186	180	1,011
All other chronic residuals of trauma-----	16,433	6,172	1,096	3,312	3,118	2,731

<sup>1</sup>For inclusions in each category, see definitions in Appendix 11.

<sup>2</sup>Sum of the days for all injuries is greater than the total number of person-days of disability because a single disability-day may be associated with more than one injury.

Table 11. Percent distribution of bed-days due to injuries by type of injury according to class of accident: United States, July 1958-June 1959

[Data are based on household interviews during July 1958-June 1959. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix 11.]

Type of injury <sup>1</sup>	Class of accident					
	All classes	Motor vehicle		While at work	Home	Other and unknown
		Not while at work	While at work			
All injuries <sup>2</sup> -----	100.0	24.0	5.6	20.3	32.1	18.0
Fractures and dislocations-----	100.0	19.5	5.7	16.1	51.9	6.8
Sprains and strains-----	100.0	9.2	2.2	37.3	30.7	20.6
Head injuries-----	100.0	38.7	10.7	21.0	20.8	8.7
Lacerations and abrasions-----	100.0	34.0	6.5	9.7	29.5	20.4
Contusions-----	100.0	29.4	0.5	17.4	28.5	24.1
Burns-----	100.0	-	-	-	97.5	2.5
Poisonings-----	100.0	-	-	3.9	96.1	-
Effects of weather and exposure---	100.0	-	-	-	-	100.0
Complications of therapeutic procedures-----	100.0	-	-	-	-	100.0
All other-----	100.0	60.1	2.8	13.6	14.0	9.6
Visual impairment-----	100.0	-	-	95.7	4.3	-
Orthopedic impairment						
Back and spine-----	100.0	28.6	4.9	25.9	15.3	25.2
Upper extremities-----	100.0	44.2	48.4	7.4	-	-
Lower extremities-----	100.0	9.0	22.9	18.3	33.9	15.9
Multiple and other sites-----	100.0	9.9	1.1	9.8	50.5	28.6
Residual of intervertebral disc injury-----	100.0	23.2	6.6	45.4	3.7	21.1
All other chronic residuals of trauma-----	100.0	37.6	6.7	20.2	19.0	16.6

<sup>1</sup>For inclusions in each category, see definitions in Appendix 11.

<sup>2</sup>The sum of the days for all injuries is greater than the total number of person-days of disability because a single disability-day may be associated with more than one injury.

Table 12. Number of work-loss days due to injuries for "usually working" persons<sup>1</sup> and number per 100 "usually working" persons per year by type of injury and sex: United States, July 1958-June 1959

[Data are based on household interviews during July 1958-June 1959. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Type of injury <sup>2</sup>	Number of work-loss days in thousands			Number per 100 "usually working" persons per year		
	Both sexes	Male	Female	Both sexes	Male	Female
All injuries <sup>3</sup> -----	87,127	69,003	18,124	147.1	166.6	101.
Fractures and dislocations-----	21,785	17,486	4,299	36.8	42.2	24.
Sprains and strains-----	16,244	13,997	2,247	27.4	33.8	12.
Head injuries-----	2,092	1,917	175	3.5	4.6	1.
Lacerations and abrasions-----	7,814	6,538	1,276	13.2	15.8	7.
Contusions-----	9,363	5,614	3,748	15.8	13.6	21.
Burns-----	737	304	432	1.2	0.7	2.
Poisonings-----	-	-	-	-	-	-
Effects of weather and exposure---	1,314	1,314	-	2.2	3.2	-
Complications of therapeutic procedures-----	1,065	1,011	54	1.8	2.4	0.
All other-----	4,864	3,270	1,594	8.2	7.9	9.
Visual impairment-----	-	-	-	-	-	-
Orthopedic impairment						
Back and spine-----	2,865	2,580	285	4.8	6.2	1.1
Upper extremities-----	2,442	2,089	353	4.1	5.0	2.4
Lower extremities-----	1,998	1,685	313	3.4	4.1	1.1
Multiple and other sites-----	1,647	709	938	2.8	1.7	3.1
Residual of intervertebral disc injury-----	3,664	2,573	1,091	6.2	6.2	6.1
All other chronic residuals of trauma-----	9,232	7,916	1,316	15.6	19.1	7.1

<sup>1</sup>Restricted to "usually working" persons 17 years of age and over.

<sup>2</sup>For inclusions in each category, see definitions in Appendix II.

<sup>3</sup>The sum of the days for all injuries is greater than the total number of person-days of disability because a single disability-day may be associated with more than one injury.

Table 13. Number of work-loss days due to injuries for "usually working" persons<sup>1</sup> by type of injury and class of accident: United States, July 1958-June 1959

[Data are based on household interviews during July 1958-June 1959. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix 11.]

Type of injury <sup>2</sup>	Class of accident					
	All classes	Motor vehicle		While at work	Home	Other and unknown
		Not while at work	While at work			
	Number of work-loss days for "usually working" persons in thousands					
All injuries <sup>3</sup> -----	87,127	16,755	11,346	32,592	14,234	12,200
Fractures and dislocations-----	21,785	3,352	3,100	7,623	5,947	1,763
Sprains and strains-----	16,244	1,204	1,362	10,277	1,971	1,430
Head injuries-----	2,092	875	627	499	91	-
Lacerations and abrasions-----	7,814	1,740	936	2,735	1,749	654
Contusions-----	9,363	2,500	601	4,031	678	1,553
Burns-----	737	-	-	304	432	-
Poisonings-----	-	-	-	-	-	-
Effects of weather and exposure---	1,314	-	-	68	-	1,247
Complications of therapeutic procedures-----	1,065	-	-	-	-	1,065
All other-----	4,864	2,334	294	1,872	103	261
Visual impairment-----	-	-	-	-	-	-
Orthopedic impairment						
Back and spine-----	2,865	233	335	1,053	359	885
Upper extremities-----	2,442	786	1,225	-	431	-
Lower extremities-----	1,998	-	72	352	266	1,308
Multiple and other sites-----	1,647	851	-	251	481	64
Residual of intervertebral disc injury-----	3,664	32	1,450	1,543	515	124
All other chronic residuals of trauma-----	9,232	2,848	1,342	1,983	1,211	1,847

<sup>1</sup>Restricted to "usually working" persons 17 years of age and over.

<sup>2</sup>For inclusions in each category, see definitions in Appendix 11.

<sup>3</sup>The sum of the days for all injuries is greater than the total number of person-days of disability because a single disability-day may be associated with more than one injury.

Table 14. Percent distribution of work-loss days due to injuries for "usually working" persons<sup>1</sup> by type of injury according to class of accident: United States, July 1958-June 1959

[Data are based on household interviews during July 1958-June 1959. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix 11]

Type of injury <sup>2</sup>	Class of accident					
	All classes	Motor vehicle		While at work	Home	Other and unknown
		Not while at work	While at work			
All injuries <sup>3</sup> -----	100.0	19.2	13.0	37.4	16.3	14.0
Fractures and dislocations-----	100.0	15.4	14.2	35.0	27.3	8.1
Sprains and strains-----	100.0	7.4	8.4	63.3	12.1	8.8
Head injuries-----	100.0	41.8	30.0	23.9	4.3	-
Lacerations and abrasions-----	100.0	22.3	12.0	35.0	22.4	8.4
Contusions-----	100.0	26.7	6.4	43.1	7.2	16.6
Burns-----	100.0	-	-	41.2	58.6	-
Poisonings-----	-	-	-	-	-	-
Effects of weather and exposure--	100.0	-	-	5.2	-	94.9
Complications of therapeutic procedures-----	100.0	-	-	-	-	-
All other-----	100.0	48.0	6.0	38.5	2.1	100.0
Visual impairment-----	-	-	-	-	-	-
Orthopedic impairment						
Back and spine-----	100.0	8.1	11.7	36.8	12.5	30.9
Upper extremities-----	100.0	32.2	50.2	-	17.6	-
Lower extremities-----	100.0	-	3.6	17.6	13.3	65.5
Multiple and other sites-----	100.0	51.7	-	15.2	29.2	3.9
Residual of intervertebral disc injury-----	100.0	0.9	39.6	42.1	14.1	3.4
All other chronic residuals of trauma-----	100.0	30.8	14.5	21.5	13.1	20.0

<sup>1</sup>Restricted to "usually working" persons 17 years of age and over.

<sup>2</sup>For inclusions in each category, see definitions in Appendix 11.

<sup>3</sup>The sum of the days for all injuries is greater than the total number of person-days of disability because a single disability-day may be associated with more than one injury.

Table 15. Population used in obtaining rates shown in this publication by age, "usually working" persons 17 years of age and over, and sex: United States, July 1958-June 1959<sup>a</sup>

[Data are based on household interviews during July 1958-June 1959. Data refer to the civilian noninstitutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Age	Sex		
	Both sexes	Male	Female
Population in thousands			
All ages-----	171,300	83,360	87,941
0-4-----	19,646	10,007	9,639
5-14-----	34,323	17,516	16,807
15-24-----	21,953	10,302	11,651
25-44-----	45,302	21,824	23,678
45-64-----	35,055	16,978	18,077
65+-----	14,821	6,733	8,088
Population for "usually working" persons 17 years of age and over-----	59,216	41,422	17,796

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States, in Current Population Reports: Series P-20, P-25, P-50, P-57, and P-60.

## APPENDIX I

### TECHNICAL NOTES ON METHODS

#### Background of This Report

This report on *Types of Injuries* is one of a series of statistical reports which cover separate health-related topics prepared by the U. S. National Health Survey. The report is based on information collected in a continuing nationwide sample of households in the Health Interview Survey, which is a main aspect of the program.

The Health Interview Survey uses a questionnaire which, in addition to personal and demographic characteristics, requests information on illnesses, injuries, chronic conditions, medical care, dental care, and hospitalization. As interview data relating to each of these various broad subject areas are tabulated and analyzed, separate reports are issued covering one or more specific topics. The present report is based on the consolidated sample for 52 weeks of interviewing ending June 28, 1959.

The population covered by the sample for the Health Interview Survey is the civilian population of the United States living at the time of the interview. Although the sample collection covers persons who are inmates of resident-type institutions, data for these persons are not included in the figures given in this report. The sample does not include members of the Armed Forces, United States nationals living in foreign countries, and crews of vessels. It should also be noted that the estimates shown do not represent a complete inventory of injuries for any specified calendar period since no adjustment has been made for persons who sustained injuries during the two-week period prior to the week of interview and who died prior to the household interview.

#### Statistical Design of the Health Interview Survey

**General plan.**—The sampling plan of the survey follows a multistage probability design which permits a continuous sampling of the civilian population of the United States. The first stage of this design consists of drawing a sample of 500 from the 1,900 geographically defined Primary Sampling Units (PSUs) into which the United States has been divided. A PSU is a county, a group of contiguous counties, or a Standard Metropolitan Area.

With no loss in general understanding, the remaining stages can be telescoped and treated in this discussion as an ultimate stage. Within PSUs, then, ultimate stage units called segments are defined, also geographically, in such a manner that each segment contains an expected six households in the sample. Each week a random sample of about 120 segments is drawn. In the approximately 700 households in those segments persons are interviewed concerning illnesses, injuries, chronic conditions, disability, and other factors related to health.

The household members interviewed each week are a representative sample of the population so that sam-

ples for successive weeks can be combined into larger samples for, say, a calendar quarter, or a year. Thus the design permits both continuous measurement of characteristics of high incidence or prevalence in the population, and through the larger consolidated samples, more detailed analysis of less common characteristics and smaller categories. The continuous collection has administrative and operational advantages, as well as technical assets, since it permits field work to be handled with an experienced, stable staff.

**Sample size and geographic detail.**—The national sample plan over a 12-month period includes approximately 120,000 persons from 37,000 households in 6,200 segments, with representation from every State. The over-all sample was designed in such a fashion, that from the annual sample, tabulations can be provided for various geographic sections of the United States and for urban and rural sectors of the Nation.

**Collection of data.**—The field operations for the household survey are performed by the Bureau of the Census under specifications established by the Public Health Service. In accordance with these specifications the Bureau of the Census designs and selects the sample, conducts the field interviewing acting as collecting agent for the Public Health Service, and edits and codes the questionnaires. Tabulations are prepared by the Public Health Service using the Bureau of the Census electronic computers.

**Estimating methods.**—Each statistic produced by the survey—for example, the number of work-loss days occurring in a specified period—is the result of two stages of ratio estimation. In the first of these, the ratio factor is the 1950 decennial population count to the estimated population for 1950 for the U. S. National Health Survey's first-stage sample of PSUs. These factors are applied for 49 color-residence classes.

Later, ratios of sample-produced estimates of the population to official Bureau of the Census figures for current population in 60 age-sex-color classes are computed, and serve as second-stage factors for ratio estimating.

The effect of the ratio estimating process is to make the sample more closely representative of the population by age, sex, color, and residence, thus reducing sampling variance.

As noted, each week's sample represents the population living during that week and characteristics of that population. Consolidation of samples over a time period, say a calendar quarter, produces estimates of average characteristics of the United States population for that calendar quarter. Similarly, population data for a year are averages of the four quarterly figures.

For statistics measuring the number of occurrences during a specified time period, such as number of bed-disability days, a similar computational procedure is used, but the statistics have a different interpretation. For the disability-day items, the questionnaire asks for the respondent's experience over the two calendar weeks prior to the week of interview. In such instances the estimated quarterly total for the statistic



is simply 6.5 times the average two-week estimate produced by the 13 successive samples taken during the period. The annual total is the sum of the four quarters. Thus, the experience of persons interviewed during a year—experience which actually occurred for each person in a two-calendar-week interval prior to week of interview—is treated in analysis as though it measured the total of such experience occurring in the year. Such interpretation leads to no significant bias.

#### General Qualifications

**Nonresponse.**—Data were adjusted for nonresponse by a procedure which imputed to persons in a household not interviewed the characteristics of interviewed persons in the same segment. The total noninterview rate was 5 percent; 1 percent was refusal, and the remainder was primarily due to the failure to find any eligible household respondent after repeated trials.

**The interview process.**—The statistics presented in this report are based on replies secured in interviews of persons in the sampled households. Each person 18 years and over, available at the time of interview, was interviewed individually. Proxy respondents within the household were employed for children and for adults not available at the time of the interview, provided the respondent was closely related to the person about whom information was being obtained.

There are limitations to the accuracy of diagnostic and other information collected in household interviews. For diagnostic information the household respondent, can, at best, pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. However, other facts such as the number of disability days caused by the condition can be obtained more accurately from household members than from any other source since only the persons concerned are in a position to report information of this type.

**Rounding of numbers.**—The original tabulations on which the data in this report are based show all estimates to the nearest whole unit. All consolidations were made from the original tabulations using the estimates to the nearest unit. In the final published tables the figures are rounded to the nearest thousand, however, because of sampling error, they are not necessarily accurate to that detail. Derived statistics, such as rates and percent distributions, are computed after the estimates on which they are based have been rounded to the nearest thousand.

**Population figures.**—Some of the published tables include population figures for specified categories. Except for certain over-all totals by age and sex (which are adjusted to independent estimates); these figures are based on the sample of households in the U.S. National Health Survey. They are given primarily for the purpose of providing denominators for rate computation, and for this purpose are more appropriate for use with the accompanying measures of health characteristics than other population data that may be available. In some instances they will permit users to recombine published data into classes more suitable to their specific needs. With the exception of the over-all totals by age and sex, mentioned above, the population figures may in some cases differ from corresponding figures (which are derived from different sources) published in reports of the Bureau of the Census. For population data for general use, see the official estimates presented in Bureau of the Census reports in the P-20, P-25, P-50, P-57, and P-60 series.

#### Reliability of Estimates

Since the estimates are based on a sample, they will differ somewhat from the figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and interviewing personnel and procedures. As in any survey, the results are also subject to measurement error.

The standard error is primarily a measure of sampling variability, that is, the variations that might occur by chance because only a sample of the population is surveyed. As calculated for this report, the standard error also reflects part of the variation which arises in the measurement process. It does not include estimates of any biases which might lie in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference would be less than twice the standard error and about 99 out of 100 that it would be less than 2½ times as large.

In order to derive standard errors which would be applicable to a wide variety of health statistics and which could be prepared at a moderate cost, a number of approximations were required. As a result, the tables of standard errors shown in this Appendix should be interpreted as providing an estimate of approximate standard error rather than as the precise standard error for any specific statistic.

The following guides will enable the reader to determine the sampling errors for the data contained in this report.

1. Approximate standard errors for estimates of the number of injuries, the number of disability days, and the number of persons "usually working" are obtained from the appropriate columns of table I.
2. Approximate standard errors for percentage distributions of the number of injuries are given in table II.
3. Approximate standard errors for percentage distributions of days of disability are given in table III.
4. Approximate standard errors for rates showing the number of injuries or the number of days of disability for a specified number of persons in an age or sex group of the population are obtained by dividing the standard error of the numerator used in obtaining the rate (obtained from table I) by the numerator itself, and multiplying by the rate. For example, the average annual number of fractures and dislocation per 1,000 males is shown as 32.4 in table I. The numerator used in obtaining this rate was 2,703,000 (table I). The standard error for an estimate of this size is approximately 570,000 (Appendix table I). Dividing 570,000 by 2,703,000 gives 0.21. Multiplying the rate 32.4 by 0.21 gives 6.8 as the approximate standard error for the rate used in this illustration.
5. Approximate standard errors for rates showing the number of "work loss" days per 100 "usually working" persons are obtained by taking the square root of the sum of the squares of the standard error of the numerator used in obtaining the rate divided by the denominator itself and the standard error of the denominator used divided by the denominator, and multiplying by the rate. (This method will usually produce an overestimate of

the true error.) For example, the average number of "work-loss" days per 100 "usually working" males per year due to fractures and dislocations is shown as 42.2 in table 12. The numerator used in obtaining this rate was 17,486,000 (table 12) and the denominator was 41,422,000 (table 15). The standard error of the numerator is approximately 2,000,000 (obtained from column (c) of Appendix table 1). The standard error of the denominator is ap-

proximately 341,000. Carrying out the computations for

$$\sqrt{\left(\frac{2,000,000}{17,486,000}\right)^2 + \left(\frac{341,000}{41,422,000}\right)^2} \times 42.2$$

gives 4.8 as the approximate standard error of the rate used in this illustration.

Table 1. Standard errors of estimates of specified aggregates

(All numbers shown in thousands)			
When the size of estimate is: (a)	For estimates of the number of		
	Injuries (b)	Days of disability (c)	Persons "usually working" (d)
The approximate standard error is:			
100	...	...	22
500	...	...	50
1,000	350	500	70
2,000	500	700	100
3,000	600	900	120
5,000	800	1,200	160
10,000	1,100	1,500	220
20,000	1,600	2,200	300
30,000	1,800	2,700	330
50,000	2,500	3,500	350
100,000	3,500	5,500	400
200,000	...	8,000	...
500,000	...	15,000	...

Illustration of use of table 1.—The number of lacerations and abrasions among females was 5,170,000. Since this is an estimate of the number of injuries column (b) is used. It is found that an estimate of 5,000,000 has a standard error of 800,000 and an estimate of 10,000,000 has a standard error of 1,400,000. Interpolation between these values gives 810,000 as the approximate standard error for the estimated 5,170,000 injuries.

Table II. Standard errors of percentage distributions of estimated number of injuries

When the base of the percentage is: (in thousands)	For estimated percentages of:					
	2 or 38	5 or 95	10 or 90	25 or 75	50	
	The approximate standard error (expressed in percentage points) is:					
2,500	3.6	5.6	6.8	9.8	12.9	
12,500	1.6	2.5	3.0	4.4	5.8	
25,000	1.1	1.8	2.1	3.1	4.1	
50,000	0.8	1.3	1.5	2.2	2.9	
75,000	0.7	1.0	1.2	1.8	2.4	
125,000	0.5	0.8	1.0	1.4	1.8	
250,000	0.4	0.6	0.7	1.0	1.3	
500,000	0.3	0.4	0.5	0.7	0.9	

Illustration of use of table II.—If the 5,307,000 deaths and injuries, 50.4 percent were recorded as having occurred in "road" accidents (table 3), 50.4 percent of those values can be read directly from the table. It is necessary to interpolate as follows: The table shows that when the base of a percentage is 2,500,000 a statistic of 26 percent has an error of 12.9. By interpolating we find that the error for 36.4 percent is 11.2 percentage points. Performing similar calculations for a base of 12,500,000 produces an interpolated value of 5.0 percentage points. A final interpolation between these two results yields an estimated error of 2.0 percentage points for a statistic of 36.4 percent with a base of 9,307,000. For illustrative purposes interpolation has been carried out in two dimensions. Usually a single scanning of table II will provide an approximate answer which is adequate for most purposes.

Table III. Standard errors of percentage distributions of estimated days of disability

When the base of the percentage is: (in thousands)	For estimated percentages of:					
	2 or 38	5 or 95	10 or 90	25 or 75	50	
	The approximate standard error (expressed in percentage points) is:					
2,500	4.2	6.5	8.0	11.8	15.0	
12,500	1.9	2.8	4.0	5.8	6.7	
25,000	1.3	2.1	2.8	4.1	4.7	
50,000	0.9	1.5	2.0	2.9	3.4	
75,000	0.8	1.2	1.6	2.4	2.7	
125,000	0.6	0.9	1.3	1.8	2.1	
250,000	0.4	0.7	0.9	1.3	1.5	
500,000	0.3	0.5	0.8	0.9	1.1	

Illustration of use of table III.—Detailed results show that 4,025,000 days resulted from "road injuries." Of this total, 20.8 percent (table 3) were due to "road injuries" sustained in "road" accidents. Since neither of these values can be read directly from the table, it is necessary to interpolate as follows: The above table shows that when the base of a percentage is 2,500,000 a statistic of 18 percent has an error of 8.0 percentage points and a statistic of 28 percent has an error of 15.0. By interpolating we find that the error for 20.8 percent is 11.8 percentage points. Similar calculations for a base of 12,500,000 produces an interpolated value of 5.3 percentage points. A final interpolation between these two results yields an estimated error of 16.9 percentage points for a statistic of 20.8 percent with a base of 4,025,000. For illustrative purposes interpolation has been carried out in two dimensions. Usually a single scanning of table III will provide an approximate answer which is adequate for most purposes.

## APPENDIX II

### DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

The following are definitions of certain terms which have a specialized meaning in the U. S. National Health Survey.

#### Terms Used to Describe Injuries

**Injury condition.**—An injury condition, or simply an injury, is a condition of the type that is classified to the nature of injury code numbers (N800-N999) in the *International Classification of Diseases, 1955 Revision*. In addition to fractures, lacerations, contusions, burns, and so forth, which are commonly thought of as injuries, this group of codes includes: effects of exposure, such as sunburn; adverse reactions to immunizations and other medical procedures, and poisonings. Unless otherwise specified, the term injury is used to cover all of these.

Since a person may sustain more than one injury in a single accident, e.g., a broken leg and laceration of the scalp, the number of injury conditions exceeds the number of persons injured.

Statistics of acute injury conditions include only those injuries which involved at least one full day of restricted activity or medical attendance.

**Activity-restricting injury.**—An activity-restricting injury is an injury which has caused at least one day of restricted activity. (See definition of "Restricted-activity day.") The incidence of activity-restricting injuries is estimated from the number of such injuries reported as having occurred in the two calendar weeks before the interview week. For this reason, an injury which did not result in restricted activity until after the end of the two-week period in which it occurred is not classified as an activity-restricting injury.

**Medically attended injury.**—An injury for which a physician was consulted is called a medically attended injury. Consulting a physician includes consultation in person or by telephone for treatment or advice. Advice from the physician transmitted to the patient through the nurse is counted as medical consultation as well as visits to physicians in clinics or hospitals. If at one visit the physician is consulted about more than one injury for the patient, each injury is counted as medically attended.

A parent consulting a physician about a child's injury is counted as medical consultation about that injury even if the child was not seen by the physician at that time.

For the purpose of this definition "physician" includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview, rather than "physician," because of the need to keep to popular usage. However, the concept toward which all instructions are directed is that which is described here.

An injury is counted as medically attended if a physician was consulted about it at its onset or at any time thereafter. However, the first medical attention for an injury that was present in the two calendar weeks be-

fore the interview may not occur until after the end of the two-week period, and, in fact, may not occur until after the interview. Such cases are necessarily treated as though there had been no medical attention.

**Type of injury categories.**—In this publication estimates of the number of injuries are classified according to the following categories.

Title	I.C.D. Codes Included
Fractures and dislocations	N800-N839
Sprains and strains	N840-N848
Head injuries	N850-N856
Lacerations and abrasions	N870-N918
Contusions	N920-N929
Burns	N940-N949
Poisonings	N960-N978
Effects of weather and exposure	N980-N989
Complications of medical and surgical procedures	N997-N999
All other	N860-N869, N930-N936, N950-N959, N990-N996

Estimates of the number of days of disability resulting from injuries which were sustained within 3 months of the interview week are classified according to the above categories. Disability days resulting from injuries which were sustained prior to the 3-month period are classified according to the following categories.

Title
Visual impairment
Orthopedic impairment—back and spine
Orthopedic impairment—upper extremities
Orthopedic impairment—lower extremities
Orthopedic impairment—multiple and other sites
Chronic residual of intervertebral disc injury
All other chronic residuals of trauma

The diagnostic coding rules used for the National Health Survey are such that injuries that occurred within 3 months of the interview week are classified according to the nature of the original injury using the categories of the *International Classification of Diseases, 1955 Revision*. Injuries that occurred prior to the 3 months that preceded the week of interview are classified according to the present effect of the original condition using a classification system known as the "X-Code."

The text that precedes the detailed tables contains a more complete explanation of this dual coding system. See *Impairments*<sup>1</sup> for a complete explanation of the origin and content of the "X-Code."

<sup>1</sup>U. S. National Health Survey, *Impairments by Type, Sex and Age, United States, July 1957-June 1958*, Health Statistics, Series D-9, Public Health Service Publication No. 584-D9, Public Health Service, Washington, D.C., April 1959.

## Terms Used to Describe Disability

The following terms are used to describe the disability resulting from an illness or an injury: restricted-activity, work-loss, school-loss, bed-disability, and hospital days. All hospital days are, by definition, days of bed disability; all days of bed disability are, by definition, days of restricted activity. The converse form of these statements is, of course, not true. Days lost from work and days lost from school are special terms which apply to the working and school-age populations only, but these, too, are days of restricted activity. Hence, "restricted activity" is the most inclusive term used to describe the disability reported in the interview. Certain of the terms used in connection with disability measures are defined more explicitly below.

**Restricted-activity day.**—A day of restricted activity is a day when a person cuts down on his usual activities for the whole of that day on account of an illness or an injury. The term "usual activities" for any day means the things that the person would ordinarily do on that day. For children under school age, "usual activities" depend upon whatever the usual pattern is for the child's day which will, in turn, be affected by the age of the child, weather conditions, and so forth. For retired or elderly persons, "usual activities" might consist of almost no activity, but cutting down on even a small amount for as much as a day would constitute restricted activity. On Sundays or holidays "usual activities" are taken to be the things the person usually does on such days—going to church, playing golf, visiting friends or relatives, or staying at home and listening to the radio, reading, looking at television, and so forth.

Restricted activity does not imply complete inactivity but it does imply only the minimum of "usual activities." For example, taking a special nap for an hour after lunch does not constitute a restricted-activity day, nor does the elimination of a single heavy chore, such as cleaning ashes out of the furnace or hanging out the wash. If a farmer or housewife carries on only the minimum of the day's chores, however, this is a day of restricted activity.

A day spent in bed or a day home from work or school because of illness or injury is, of course, a restricted-activity day.

The days of restricted activity attributed to injuries, shown in this report, include not only those days resulting directly from injuries but also those resulting from sequelae and impairments due to injuries.

**Bed-disability day.**—A bed-disability day, sometimes for brevity referred to as a "bed-day," is a day on which a person was kept in bed either all or most of the day because of an illness or an injury. "All or most of the day" is defined as more than half of the daylight hours. All hospital days are included as bed-disability days even if the patient was not actually in bed at the hospital.

**Work-loss day.**—A day is counted as lost from work if the person would have been going to work at a job or business that day but instead lost the entire work day because of an illness or an injury. If the person's regular work day is less than a whole day and the entire work day was lost, it would be counted as a whole work day lost. Work-loss days are determined only for persons 17 years of age and over.

## Terms Used to Describe Accidents

**Class of accident.**—Injuries, injured persons, and resulting days of restricted activity may be grouped according to class of accident. This is a broad classi-

fication of the types of events which resulted in persons being injured. Most of these events are accidents in the usual sense of the word, but some are other kinds of mishap, such as overexposure to the sun or adverse reactions to medical procedures, and others are non-accidental violence, such as attempted suicide. The classes of accidents are: (1) motor-vehicle accident, (2) accidents occurring while at work, (3) home accidents, and (4) other. These categories are not mutually exclusive. For example, a person may be injured in a motor-vehicle accident which occurred while the person was at work.

In this report separate estimates are shown for "motor vehicle-not while at work" and "motor vehicle-while at work." The accident class "motor vehicle-not while at work" includes "motor vehicle-home," the accident class "while at work" includes "while at work-home"; and therefore the class, "home accidents," excludes combinations with "while at work" and "motor vehicle."

**Motor-vehicle accident.**—The class of accident is "motor vehicle" if a motor vehicle was involved in any way. Thus, it is not restricted to moving motor vehicles or to persons riding in motor vehicles. A motor vehicle is any mechanically or electrically powered device, not operated on rails, upon which or by which any person or property may be transported or drawn upon a land highway. Any object, such as a trailer, coaster, sled, or wagon, being towed by a motor vehicle is considered a part of the motor vehicle. Devices used solely for moving persons or materials within the confines of a building and its premises are not counted as motor vehicles.

**Accident while at work.**—The class of accident is "while at work" if the injured person was 17 years of age or over and was at work at a job or a business at the time the accident happened.

**Home accident.**—The class of accident is "home" if the injury occurred either inside the house or outside the house. "Outside the house" refers to the yard, buildings, and sidewalks on the property. "Home" includes not only the person's own home but also any other home in which he might have been when he was injured.

**Other.**—The class of accident in "other" if the occurrence of injury cannot be classified in one or more of the first three classes-of-accident categories. This category therefore includes persons injured in public places (e.g., tripping and falling in a store or on a public sidewalk), and also nonaccidental injuries such as homicidal and suicidal attempts. The survey does not cover the military population, but current disability of various types resulting from prior injury occurring while the person was in the Armed Forces is covered and is included in this class. The class also includes mishaps for which the class of accident could not be ascertained.

## Demographic, Social, and Economic Terms

**Age.**—The age recorded for each person is the age at last birthday. Age is recorded in single years and grouped in a variety of distributions depending upon the purpose of the table.

**Major activity.**—All persons 6 years old or over are classified according to their major activity during the 12-month period prior to the week of interview. The "major" activity, in case more than one is reported, is the one at which the person spent the most time during the 12-month period.

The categories of major activity are: usually working, usually going to school, usually keeping house, retired, and other. For several reasons these categories are not comparable with somewhat similarly named categories in official Federal labor force statistics. In the first place, the responses concerning major activity are accepted without detailed questioning, since the objective of the question is not to estimate the numbers of persons in labor force categories but to identify certain population groups which may have differing health problems. In the second place, the figures represent the major activity over the period of an entire year, whereas official labor force statistics relate to a much shorter period, usually one week. Finally, in the definitions of the specific categories which follow, certain marginal groups are classified in a different manner to simplify the procedures.

1. Usually working includes paid work as an employee for someone else; self-employment in own business, or profession, or in farming; and unpaid work in a family business or farm. Work around the house, or volunteer or unpaid work, such as for church, Red Cross, etc., is not counted as working.
2. Usually going to school means attendance at

a regular school or college which advances a person toward an elementary or high school diploma or a college degree.

3. Usually keeping house includes any activity described as "keeping house" which cannot be classified as "working" or "going to school."
4. Retired includes persons 50 years old or over who consider themselves to be retired. In case of doubt, a person 50 years old or over is counted as retired if he, or she, has either voluntarily or involuntarily stopped working, is not looking for work, and is not described as "keeping house." A retired person may or may not be unable to work.
5. Other includes persons 6 years of age or over not classed in any of the other categories. Examples of inclusions are: a person who states that he spent most of the past 12 months looking for work, a person doing volunteer work only, a person under 50 years of age who describes himself as "retired" or "taking it easy," a person under 50 years of age who is described as "unable to work," or "unable to go to school," or a person 50 years of age or over who describes himself as "unable to work" and is not "retired."

## QUESTIONNAIRE

**CONFIDENTIAL** The National Health Survey is conducted by Public Law 912 of the 86th Congress (78 Stat. 409; 42 U.S.C. 3601). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purpose of the survey, and will not be disclosed or referred to others for any other purpose (22 P.R. 1569).

From HHS-2  
(4-15-10)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
Adding to Collection Areas for the  
U.S. PUBLIC HEALTH SERVICE

**NATIONAL HEALTH SURVEY**

1. Questionnaire

of

Questionnaire

1. DO Address or description of location

2. Use, Code

3. Sub-sample number

4. PHS Number

5. Segment No.

6. Serial No.

9. Is this house on a farm or ranch? ☐ Yes ☐ No

10. What is the telephone number (area) ☐ No phone

11. What is the best time to call?

12. Are there any other living quarters, occupied or vacant, in this building (apartment)? ☐ Yes ☐ No

13. Does anyone else sleep in this building on your ENTRANCE to go in his living quarters? ☐ Yes ☐ No

14. Are there any other living quarters, occupied or vacant, in this building (apartment)? ☐ Yes ☐ No

15. Is there any other building on this property for people to live in - other occupied or vacant? ☐ Yes ☐ No

16. NEED OF CALLS AT HEADQUARTERS

17. REASON FOR NON-RESPONSE

18. Signature of Interviewer

19. Date

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TABLE A (Accidents and injuries)	
<p>1. What part of the body was hurt? What kind of injury was it? Anything else?</p> <p>2. When did it happen? Yes _____ (fill in month and day the year is 1917 or 1945) Month _____</p> <p>3. Where did the accident happen?</p> <p>4. Was you at work, home or other main outside (indicate in the accident if any way)?</p> <p>5. Was you at work or your job is business when the accident happened?</p>	<p><input type="checkbox"/> Accidents happened during past 1 month</p> <p><input type="checkbox"/> Accidents happened during past 1 year</p> <p><input type="checkbox"/> At home (Indicate in accident if any way)</p> <p><input type="checkbox"/> While in Armed Services</p> <p><input type="checkbox"/> Home when police</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Under 16 years at time of accident</p>





<p><b>Card A</b></p> <p><b>NATIONAL HEALTH SURVEY</b></p> <p>Check list of chronic conditions</p> <ol style="list-style-type: none"> <li>1. Asthma or hay fever</li> <li>2. Tuberculosis</li> <li>3. Chronic bronchitis</li> <li>4. Chronic attacks of sinus</li> <li>5. Rheumatic fever</li> <li>6. Arteriosclerosis of the arteries</li> <li>7. High blood pressure</li> <li>8. Heart trouble</li> <li>9. Diabetes</li> <li>10. Trouble with gallbladder or liver</li> <li>11. Trouble with kidneys</li> <li>12. Chronic gallbladder or liver trouble</li> <li>13. Stomach ulcer</li> <li>14. Any other chronic stomach trouble</li> <li>15. Kidney stones or chronic kidney trouble</li> <li>16. Arteritis or rheumatism</li> <li>17. Gout</li> <li>18. Diabetes</li> <li>19. Thyroid trouble or goiter</li> <li>20. Any allergy</li> <li>21. Epilepsy</li> <li>22. Mental or nervous trouble</li> <li>23. Head or vision, eyes or ears trouble</li> <li>24. Chronic skin trouble</li> <li>25. Nervous or rupture</li> </ol>	<p><b>Card C</b></p> <p><b>NATIONAL HEALTH SURVEY</b></p> <p>For: Mothers and other persons nearest respondent and children</p> <ol style="list-style-type: none"> <li>1. Cannot work at all at present.</li> <li>2. Can work but limited in amount or kind at work.</li> <li>3. Can work but limited in kind or amount of outside activities.</li> <li>4. Not limited in any of these ways.</li> </ol>	<p><b>Card E</b></p> <p><b>NATIONAL HEALTH SURVEY</b></p> <p>For: Children from 6 years old and above going to school</p> <ol style="list-style-type: none"> <li>1. Cannot go to school at all at present time.</li> <li>2. Can go to school but limited to certain types of school or in school attendance.</li> <li>3. Can go to school but limited in other activities.</li> <li>4. Not limited in any of these ways.</li> </ol>	<p><b>Card G</b></p> <p><b>NATIONAL HEALTH SURVEY</b></p> <ol style="list-style-type: none"> <li>1. Confined to the house all the time, except in emergencies.</li> <li>2. Can go outside but need the help of another person in getting around outside.</li> <li>3. Can go outside alone but have trouble in getting around freely.</li> <li>4. Not limited in any of these ways.</li> </ol>
<p><b>Card B</b></p> <p><b>NATIONAL HEALTH SURVEY</b></p> <p>Check list of selected impairments</p> <ol style="list-style-type: none"> <li>1. Deafness or hearing trouble with hearing</li> <li>2. Serious trouble with seeing, even with glasses</li> <li>3. Condition prevents close birth, such as chest pain or club foot</li> <li>4. Stammering or other trouble with speech</li> <li>5. Missing fingers, hand, or arm</li> <li>6. Missing toes, foot, or leg</li> <li>7. Crooked gait</li> <li>8. Any kind of limp</li> <li>9. Repeated trouble with back or spine</li> <li>10. Any permanent stiffness or deformity of the neck, leg, fingers, arm or back</li> </ol>	<p><b>Card D</b></p> <p><b>NATIONAL HEALTH SURVEY</b></p> <p>For: Housewife</p> <ol style="list-style-type: none"> <li>1. Cannot keep house at all at present.</li> <li>2. Can keep house but limited in amount or kind of housework.</li> <li>3. Can keep house but limited in outside activities.</li> <li>4. Not limited in any of these ways.</li> </ol>	<p><b>Card F</b></p> <p><b>NATIONAL HEALTH SURVEY</b></p> <p>For: Children under 6 years old</p> <ol style="list-style-type: none"> <li>1. Cannot take part at all in ordinary play with other children.</li> <li>2. Can play with other children but limited in amount or kind of play.</li> <li>3. Not limited in any of these ways.</li> </ol>	<p><b>Card A</b></p> <p><b>NATIONAL HEALTH SURVEY</b></p> <p>Family income during past 12 months</p> <ol style="list-style-type: none"> <li>1. Under \$200 (including taxes)</li> <li>2. \$200 - \$499</li> <li>3. \$500 - \$1,999</li> <li>4. \$2,000 - \$2,999</li> <li>5. \$3,000 - \$4,999</li> <li>6. \$5,000 - \$9,999</li> <li>7. \$10,000 - \$14,999</li> <li>8. \$15,000 and over</li> </ol>

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### U.S. National Health Survey.

Types of Injuries, Incidence and associated disability, United States, July 1958-June 1959; statistics on the number of injuries and days of disability due to injuries by type of injury, class of accident, sex, and age. Based on data collected in household interviews during the period July 1958-June 1959. Washington, Public Health Service, Division of Public Health Methods, 1960.

36 p. diagrs., tables. 27 cm (JF# health statistics, ser. 814)

U.S. Public Health Service. Publication no. 584-916.

1. Accidents - U.S. - Stat., s. Title. II. Title: injuries incidence and associated disability.

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